DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Harford Maryland by the land 2 s Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Perry Point lmo.13days 5 Pages urs afte Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 913 S. Washington Veterans Administration Hospital YES NO 3. NAME OF Middle Last 4. DATE Day DECEASED (Type or print) ROY BAILEY April 26 19 62 L DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Hours 8-24-21 Male White WIDOWED | DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Fiber Glass Co. North Carolina Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending I Then please Lonnie G. Bailey (deceased) Minnie Murphy (deceased) 0 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT requires that the (Yes, no, or unkown) | (Ifyes give war or detas of service) ig physician. Hospital Records, VAH, Perry Point, Md. Yes 241-22-6347 WW-II 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritonitis and Bronchopneumonia 24-36 Hrs. IMMEDIATE CAUSE (e) Combined effects of: DUE TO ending Sub-total gastrectomy (4-24-62) for gastric Conditions, if eny, which gave rise to immadiate cause ulcer. DUE TO (e), steting the underlying cirrho-Chronic ascites, peritoneal reaction, and early cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerotic heart disease. NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Statu) factory, street, office bldg., etc.) While Not While refained Hour a.m. at work | et work OR: 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 3 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 픙 Baltimore National 0 Baltimore, Maryland 254 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNAL **ADDRESS** VR A15 (4) 15M 7/61 de Grace, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

dalos quest

Ty-

Ikeal

Totalities . Helev "office Position Position "off to washing a

lmo.l.days

: Los Engent ta Top. Engels

referring to the contract of Grace, Md.

Locate C. Tailer (decompos) - Minute English (decompos)

The Laborator of the state of t

A STATE OF THE STA

the transfer server of the protection of the state of the

AND Salatage Harronel Hallinge, Mary Land

[3-148-80.11]

Marie 241-12-6347 Houghteal Herotto, Will, Perty Coint, Md.

Pert toni in and dronohouseumonia 29-36 Brs.

(b) Chronic and ten, entioned respica, and ton other (d)

Company of Alaca Com II home

koleda ka enga ujujuhdan djungdor o kalenda di ezoz-o sa jini

and confident denoted to the second of the confidence of the confi

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

shavld

popers.

b

pino

page

death

. I we a trait of the famous and - 1 F - In the sharpens Here I see in anises the sale of the . LOU . ECHYAL! and no two reason attended the first two terrans and the contract of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH y is necessary director. Page for your files. a. COUNTY Md. b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN (it outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) for your Elkton Elkton Bex d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ō Union Hospital YES NO BE 3. NAME OF Middle 4. DATE Month Day Yaar DECEASED OF the DEATH (Type or print) Thomas Bullock. Sr. 10 John with the 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 25-BIRTH 1893 ould be executed within 24 hours after dea 'in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 with moval, and in any event within 72 hours a lest birthday) Months | Devs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Paper File pages 1 Laborer U.S.A. 13. FATHER'S NAME MILLOR 14. MOTHER'S MAIDEN NAME Sarah Jane Hall and the same of th ne jag bind es bieg bit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror detas of service) 216-03-7860 Mrs. John Bullack, Elkton. Ves Md INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Acute Coronary Occlusion mim. DUE TO remova any, which gave rise to immediate cause "pending" DUE TO (a), steting the underlying Sis Examiner cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? certificate, writing the word urded to the Chief Medical ERECTOR: Page 3 should be NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. lage 3 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, ; 20f. (City or town) Month, Day, Yeer (State) fectory, street, office bldg., etc.) While Not While WEDI Hour am at work | et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion please elecute the certific to should be forwarded to runteral DIRECTC or its designated agent, p death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINE R.C.Dodson M.D. AddRissing, SuncontMd. NAME (Type) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) A REMOVAL (Specify) Apr. 15.1962 Union Cemetery Cecil County, Maryland 0 40 6 Burial 23. FUNERAL RIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Elkton, Maryland arthur I Heave DATE APR 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2527024 The Hand Control of the Hand o A STATE OF THE CONTRACT OF THE The state of the s Eurisi Mapr. 13, 1962 Union Comery Coult Committee Nurriche Land Haryland Dankyland and Land

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY al director, Page for your files. of Health, MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Board of ! Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Box 261 3. NAME OF Middle Year DECEASED ould be executed within 24 hours after death. If an 'in pencil in Item 18. Give Pages 1, 2, and 3 to the I Office along with form PM3. Page 5 may be retaburial-transit permit. Elle pages 1 and 2 with the S moval, and in any ovent within 72 hours after deapoval, and in any ovent within 72 hours after deapoval. DEATH (Type or print) Annil 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months Hours WIDOWED F DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired Genera Ash County N. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Pilkenton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Ray Church R.D. EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion 5 mins. IMMEDIATE CAUSE (e) DUE TO or removal, Conditions, if any, which (b) geve rise to immediate cause "pending" 85 8 cal Examiner's DUE TO (e), staling the underlying should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)| 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word se forwarded to the Chief Medical E.AL DIRECTOR: Page 3 should be NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or town) (County) 20c. TIME OF INJURY (State) fectory, street, office bldg., etc.) While Not While et work et work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3 Inquiry and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Ri SiAddress Street city, town or county) NAME (Type) please 4 shoul O PUN 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Elkton Md.

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Burial 23. FUNERAL DIRECTOR VS. AISME arthur & Krous SM 9/60

A CHEST OF THE REAL PROPERTY. 4 8 9 and the state of t

04444 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral directo. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after

VR A15 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OLLULA CERTIFICATE OF DEATH 04441

1. PLACE OF DEAT							
e. COUNTY	CH		2. USUAL RESIDE	NCE (Where d			ence before edmission
	ecil	MARYLAND	a. STATE	3	b. COUN	Cec	17
b. CITY OR TOWN	(if outside corporate limit and give nearest town)		c. CITY OR TOWN	(If outside cor	porate limits, write		
Elkt		5 days	XRural	E11	cton		
d. NAME OF HOSP	PITAL OR INSTITUTION (H	not in hospital, give street eddress)	d. STREET ADDRES	The same and the			IS RESIDENCE ON A FARM YES NO X
NAME OF	Hospital	Middle	Last	4. DATE	Month	22 0	
DECEASED (Type or print)	WILLIAM	HENRY	CROSS	OF		L ±#	1962
5. SEX	6. COLOR OR RACE	7. MARRIED THEYER MARRIED	8. DATE OF BIRTH		AGE (In years last birthday)	IF UNDER 1 YEA	
Male	White	WIDOWED DIVORCED	June 12,	1888	72 yrs.	Months Days	Hours Min.
IOe. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co		r foreign country)	12. CITIZEN	OF WHAT COUNTRY
done during most of v	vorking life, even if retired	General	Nr. Mid	dleto	m. Del	U	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	,		
Jack Cr	099		Idel Reb	20002			
	9 10 0	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Jella	Address		
(Yes, no, or unkown)	(If yes give we ror dates of se		Control of the last				
no		212-16-8078 M	irs. Sophie	Ann]	Lotman.	Elkto	n. Mdl
		cause per line for (a), (b), end (c).]					ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Bronchopneumonia	a, bilateral.	. diffu	se		5 days
1112	1						
16%.	DUE TO	Bronchogenic care	cinoma with	metast	ases to		
Conditions, if er							
I would also be become			and amorion		COIDA		unknown
gave rise to imme	DIJE TO	nilar nodes	and erosion	or the	spine		unknown
gave rise to imme (e), steting the cause lest.	DIJE TO	nilar nodes	and erosion	or the	spine	W V	unknown
(e), steting the cause lest.	underlying DUE TO	TIONS CONTRIBUTING TO DEATH BUT I			•	/EN IN PART 1(e)) 19. WAS AUTOPS
(e), steting the cause lest.	er Significant CONDITION	TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	/EN IN PART 1(e)	
(e), steting the cause lest.	er Significant CONDITION	TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	/EN IN PART 1(e)	19. WAS AUTOPS)
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT \(\) OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN. Hour a.m.	DUE TO (c) ER SIGNIFICANT CONDIT CORONARY WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCIEROS S 20b. DESCRIBE HOW INJURY OCCUR 20d. INJURY OCCURRED 20e. P While Not While of work in the part work in the second sec	ED. (Enter nature of injury LACE OF INJURY (Home, factory, street, office bldg.,	in Pert I or Part	E CONDITION GIV	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Siele)
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT NOTIFIED THE PROPERTY OF CAUSE IN THE PROPERTY OF T	Underlying DUE TO (c) ER SIGNIFICANT CONDIT CORONARY A. WAS UNDERLYING CONDIT CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this hospit	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCIEROS 8 20b. DESCRIBE HOW INJURY OCCUR To 20d. INJURY OCCURED 20e. P While Not While at work at work at work at work at an analysis of the second of the s	ED. (Enter neture of injury LACE OF INJURY (Home, factory, street, office bldg.,	in Pert I or Part	If of item 18.) If or town) Apr. 23	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stele)
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT NOTIFY (IF EITHER, NOTIFY 100 ACCIDENT NOTIFY 10	Underlying DUE TO (c) ER SIGNIFICANT CONDIT CORONARY A. WAS UNDERLYING CONDIT CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this hospit	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCIEROS 8 20b. DESCRIBE HOW INJURY OCCUR To 20d. INJURY OCCURED 20e. P While Not While at work at work at work at work at an analysis of the second of the s	ED. (Enter neture of injury LACE OF INJURY (Home, factory, street, office bldg.,	in Pert I or Part	If of item 18.) If or town) Apr. 23	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stele)
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT NOTIFIED THE OF IN. HOUR A.M. 21. I certify	DUE TO (c) ER SHGNIFICANT CONDIT CORONARY WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this hospit ased alive onAp.	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCIEROS S 20b. DESCRIBE HOW INJURY OCCUR 20d. INJURY OCCURRED 20e. P While Not While of work in the part work in the second sec	ED. (Enter neture of injury LACE OF INJURY (Home, factory, street, office bldg., April 19 at death occured at	in Pert I or Part farm, 20f. (Ci etc.) 20f. (Ci 1:15pmro	If of item 18.) If of item 18.) Apr. 23 If the causes STAFF	(County)	19. WAS AUTOPS) PERFORMED? YES NO (Stele)
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT NOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF IN. Hour a.m. p.m. 21. I certify saw the dece.	DUE TO (c) ER SHGNIFICANT CONDIT CORONARY WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this hospit ased alive onAp.	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCIEROS 8 20b. DESCRIBE HOW INJURY OCCUR To 20d. INJURY OCCURED 20e. P While Not While at work at work at work at work at an analysis of the second of the s	ED. (Enter neture of injury LACE OF INJURY (Home, factory, street, office bldg., APPIL 19 at death occured at. ATTENDING PHYS.	in Pert I or Part iarm, 20f. (Ci etc.) 20f. (Ci	If of item 18.) If or town) Apr. 23 If the causes	(County)	19. WAS AUTOPS: PERFORMED? YES NO (Stete) Anat (I) (we) la date stated above
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT \ OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN. Hour a.m. p.m. 21. I certify saw the dece.	Underlying DUE TO (c) ER SIGNIFICANT CONDIT CORONARY A. WAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this hospit ased alive onAp:	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCIEROS 8 20b. DESCRIBE HOW INJURY OCCUR To 20d. INJURY OCCURED 20e. P While Not While at work at work at work at work at an analysis of the second of the s	ED. (Enter neture of injury LACE OF INJURY (Home, f. sectory, street, office bldg., April 19 at death occured at. ATTENDING PHYS. 22d. ADDRESS	in Pert I or Part farm, 20f. (Ci etc.) 20f. (Ci etc.) 1962, tc 1:15pmro MED. DIRECTOR	If of item 18.) If of item 18.) APT = 23 m the causes STAFF PHYS.	(County), 19	19. WAS AUTOPSI PERFORMED? YES NO (Stele) Anat (I) (we) la date stated above 22b. DATE 4/24/62
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT NOTE (IF EITHER, NOTE) 20e. TIME OF IN. Hour a.m. p.m. 21. I certify saw the dece. 22e. PHYSICIAN NAME (Typ.	Underlying DUE TO (c) ER SIGNIFICANT CONDIT CORONARY A. WAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee 19 that (I) (this hospit ased alive on	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCLE OF 20b. DESCRIBE HOW INJURY OCCUR. or 20d. INJURY OCCURRED 20e. P White Not White at work at work 1 at 2 3 19.62, and the Andrews, Jr., M. 1 andrews, Jr., M. 2 andr	ED. (Enter neture of injury LACE OF INJURY (Home, for processing of the processing	in Pert I or Part farm, 20f. (Ci etc.) 20f. (Ci etc.) 125pmro MED. DIRECTOR 23d. LO	ity or town) Apr. 23 m the causes STAFF PHYS. CATION (City, to	(County) , 19	19. WAS AUTOPSI PERFORMED? YES NO (Stele) Anat (I) (we) la date stated above 22b. DATE 4/24/62
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT OF CONTRIBUTIN (IF EITHER, NOTIFE) 20c. TIME OF IN. Hour a.m. p.m. 21. I certify saw the dece. 22a. SIGNATURE 22c. PHYSICIAN' NAME (Typ) 23a. BURIAL, CREMAREMOVAL (Specif Blippial)	Underlying DUE TO (c) ER SIGNIFICANT CONDIT CORONARY A. WAS UNDERLYING CONDIT CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee that (I) (this hospit ased alive onAp: S. Ralpi TION. 23b. DATE THER April	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCLE OF 206. DESCRIBE HOW INJURY OCCURED 20e. P White Not White at work at work at work 19.62, and the state of the state	ED. (Enter neture of injury LACE OF INJURY (Home, factory, street, office bldg., April 19 at death occured at. ATTENDING PHYS. 22d. ADDRESS 233 E. IN APRIL 19	in Pert I or Part farm, 20f. (Ci etc.) 20f. (Ci etc.) 1962, to 1:15pmro MED. DIRECTOR Main St:	If of item 18.) If of item 18.) If or town) APT. 23 If the causes STAFF PHYS. Reet, E1 CATION (City, to	(County) and on the kton, Ma	19. WAS AUTOPSI PERFORMED? YES NO (Stele) Canat (I) (we) ladded stated above 22b. DATE 4/24/62 Aryland (State)
(e), steting the cause lest. PART II. OTH 20e. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF 20e. TIME OF IN. Hour a.m. p.m. 21. I certify saw the dece. 22a. SIGNATURE 22c. PHYSICIAN' NAME (Typ) 23a. BURIAL, CREMA REMOVAL (Specif	Underlying DUE TO (c) ER SIGNIFICANT CONDIT CORONARY A. WAS UNDERLYING CONDIT CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Dey, Yee that (I) (this hospit ased alive onAp: S. Ralpi TION. 23b. DATE THER April	TIONS CONTRIBUTING TO DEATH BUT IN TERIOSCLEROSIS 20b. DESCRIBE HOW INJURY OCCURED or 20d. INJURY OCCURED 20e. P White Not White at work at work at work 1 all) attended the deceased from ril 2 3 19.62, and the second secon	ED. (Enter neture of injury LACE OF INJURY (Home, factory, street, office bldg., April 19 at death occured at. ATTENDING PHYS. 22d. ADDRESS 233 E. IN APRIL 19	in Pert I or Part farm, 20f. (Ci etc.) 20f. (Ci etc.) 1962, to 1:15pmro MED. DIRECTOR Main St. 23d. LOU REC'D BY REG	If of item 18.) If of item 18.) If or town) APT 23. The causes STAFF PHYS. Teet, E1. CATION (City, to like Necks) The Ck. STRAR 25b. RE	(County) and on the kton, Ma	19. WAS AUTOPSI PERFORMED? YES NO (Stete) Chat (I) (we) la date stated above 22b. DATE 4/24/62 Aryland (State)

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

omologinguation, allatenal, diffuse ronchegenie succiones with TOST die 8 '500 10 nim 10 1 m mm X

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04445 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04442

1. PLACE OF DEATS	H	TO DET		2. USUAL RESIDE	NCE (Where de			sidence be	ofore admission
Cecil Ct		Elkto	n maryland	a. STATE	lkton,	Md. b. cour	CE CE	acil	
b. CITY OR TOWN	if outside comparate lim		c. LENGTH OF STAY IN 1				e RURAL and	give neare	est town)
	give nearast fown)								
d. NAME OF HOSPI	TAL OR INSTITUTION	(if not in bosn	pital, give streat address)	d. STREET ADDRES	5				IS RESIDENCE
			mon, grad small address,	a. Street Mookes					ON A FARM?
3. NAME OF	on, Maryla	nd							S NO
DECEASED	First		Mlddle	Last	4. DATE OF	Montl		Day	Year
(Type or print)	Jessie			England	DEATH	Apri	1 10	,	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years			NDER 24 HRS.
Tomale	White	WIDOWED	DIVORCED	11/25/1891		70 yrs.	Months De	ys Ho	urs Min.
10a. USUAL OCCUPAT	ION (Give kind of world	k 10b. Kft	ND OF BUSINESS OR INDUS		te or foraign cou	intry)	12. CITIZ	EN OF WH	HAT COUNTRY
		ed)		Dhilling	lana D		TTC /	,	
13. FATHER'S NAME	r16					d.	1 091	1	
	a								
IS WAS DECEASED EN	C. Thompso	n Ita	OCIAL SECURITY NO 1 17		1 Spona				
(Yes, no, or unkown) (fyesgive war or detas of s	sarvice)	SOCIAL SECURITI NO. 17	INFORMANT		Address			
No				Funeral Dire	ector Co	ffman			
		cause par lis	ne for (a), (b), end (c).]						
PART I. DEAT	IMMEDIATE CAUSE (a)	Ac	ute Cardiac	Failure				_	minutes
7 %	DUE TO								
Conditions, if any	which) (b)								
geve risa to immed	iate cause								
	nderlying SOL 10								
	SIGNIFICANT CONDI	TIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE	CONDITION GIV	FN IN PART 1	(=) 19 W	VAC ALITORSY
E						condition on	P14 114 1 VIVI 1	F	PERFORMED?
5	11105 11110	200						YES	NO X
		OP. DESCRIE	SE HOW INJUKT OCCURED	, (Enter neture of injury in P	en I or Pan II of	item 18.)			
20c. TIME OF INJU- Hour e.m. p.m.	IRY Month, Dey, Ye	While		LACE OF INJURY (Homa, fa actory, street, offica bldg., e		or town)	(Count	у)	(Stete)
21. I certify the	nat I took charge o	of the rema	ins described above,	held an Autopsy .	Inspection	Inqui	y X.	and in n	ny opinion
death resulted	from: Natural ca	auses X	Accident, Su	icide , Homicide		determined m	nanner 🗌		
ACTUAL.	120110	10 11	1 - 11 - 111	-					
SIGNATURE	1 Class	Un	all man	M.D. Rising	Sun. M	arvland		DATE	SIGNED
EXAMINER'S NAME (Type)	R.C. DO	1050	N. Md.	Address (Street	AL EXAMINER		8.7		
22e. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	ION (City, town			(Stata)
		2	Rosebank C	emetery	Cal	vert, 1	Maryla	ind	
		0.	ADDRESS E	LKTON, 248. RI	APR 1 6 'A				
		E Done						Kraug	
DECEASED (Type or print) 5. SEX FOMELA 10a. USUAL OCCUPAT done during most of we HOUSEW 13. FATHER'S NAME HATTY 15. WAS DECEASED EV (Yes, no, or unkown) (II Conditions, if eny geverise to immed (a), stating the u causa last. PART II. OTHER YOU YOU 20c. EXTERNAL C, PRIMARY OF CO CAUSE OF DEATH. YOU ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22c. BURIAL, CREMATIC 22c. BURIAL, CREMATIC	C. Thompso ER IN U.S. ARMED FOR Providing life, even if refire C. Thompso ER IN U.S. ARMED FOR Provided and the control of the control ER IN U.S. ARMED FOR Provided and the control ER IN U.S. ARMED FOR Provided and the control ER SIGNIFICANT CONDITION AUSE WAS ONTRIBUTING 19 19 10 11 11 12 12 13 14 15 16 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	WIDOWED RCES? 10b. Kft COLUMN ACC TIONS CONT ACC TO DESCRIB While at work of the remains auses OF COF	NEVER MARRIED DIVORCED DIVORCE	England 8. DATE OF BIRTH 11/25/1891 TRY II. BIRTHPLACE (SIGN Phillips Alva INFORMANT Funeral Dire Failure NOT RELATED TO THE TERM (Enter neture of injury in Pactory, street, offica bidg., etc.) LACE OF INJURY (Homa, factory, street, offica bidg., etc.) LACE OF INJURY (Homa, factory, street, offica bidg., etc.) Address (Street, offica bidg., etc.)	Ite or foreign cours burg, Pontage Ctor Co	Apri. AGE (In years last birthday) 70 yrs. Polity) a. Gle Address ffman CONDITION GIV item 18.) or lown) Inquii determined manual county ION (City, town Vert AR 24b. REG	I 10 IF UNDER 1 Y Months Do 12. CITIZ US. US. US. US. US. Occupit U	PAR IF U Ho ys Ho Property Ho	19 62 INDER 24 HR: Urs Min. HAT COUNTE

Extraction of the State of the Party

carbon papers. Tages 1 and 2 entywithin 72 hours after death. A DIRECTOR: After this certificate has been signed by the attending physician.

I DIRECTOR: After this certificate has been signed by the attending physician and complete. We din by the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Tages 1 and the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after deat

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1446) CERTIFICATE OF DEATH

<u> </u>	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
Cecil MARYLAND	a. STATE D. C.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
viite RURAL and give nearest town) Perry Point lyr.3mo.14day	Washington 1/78.2
Perry Point lyr. 3 mo. 14day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	s Washington 4/X.3
	ON A FARM?
Veterans Administration Hospital	2811 Cathedral Avenue, N.W. YES NO K
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) CHARLES FREDERICK	GEIGER DEATH April 11 19 62
6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	5-4-94 (67 yrs. Months Deys Hours Min.
108. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Civil Engineer Construction	Pennsylvania USA
3. FATHER'S NAME	Pennsylvania USA
Henry Geiger (deceased)	Helen V. Hickey (deceased)
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no, or unkown) (Ifyesgive were detesofservice)	INFORMANT Address
Yes WW-I 341-05-5650 H	Hospital Records, VAH, Perry Point, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
BARTI DEATH WAS CALISED BY	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Encephalomalacia,	due to circulatory disturbance, 36-48
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, DUE TO left cortex, thro	due to circulatory disturbance, 36-48 ombosis middle cerebral artery
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, DUE TO left cortex, thro Conditions, if eny, which (b) Arteriosclerosis,	due to circulatory disturbance, 36-48
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Encephalomalacia, DUE TO left cortex, thro	due to circulatory disturbance, 36-48 ombosis middle cerebral artery
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Encephalomalacia, DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying cause lest. Encephalomalacia, (b) Arteriosclerosis, DUE TO (c)	ombosis middle cerebral artery generalized cerebral severe unknown
Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying cause lest. PART I. DEATH WAS CAUSED BY: Encephalomalacia; (b) Arteriosclerosis; DUE TO (c)	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe unknown of related to the terminal disease condition given in part 1(a) 19. Was autopsy
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia; DUE TO left cortex, thro (b) Arteriosclerosis; (c), steling the underlying cause lest. (c)	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe unknown of related to the terminal disease condition given in part 1(a) 19. Was autopsy
Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying cause lest. PART I. DEATH WAS CAUSED BY: Encephalomalacia; (b) Arteriosclerosis; DUE TO (c)	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe unknown of related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed?
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia; DUE TO left cortex, thro (b) Arteriosclerosis; (c), steling the underlying cause lest. (c)	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe or related to the terminal disease condition given in part 1(a) or related to the terminal disease condition given in part 1(a) onset and Death onset and D
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (b) Arteriosclerosis, DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit ZDe. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	onset and Death onbosis middle cerebral artery generalized cerebral severe on related to the terminal disease condition given in Part 1(a) on the terminal disease condition given in Part 1(b) on the terminal
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), stefting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit ZDO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe or related to the terminal disease condition given in part 1(a) or related to the terminal disease condition given in part 1(a) onset and Death onset and D
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	onset and Death due to circulatory disturbance, 36-48 ombosis middle cerebral artery generalized cerebral severe unknown of related to the terminal disease condition given in Part 1(a) tus, severe of (Enter neture of injury in Pert I or Pert II of item 1B.) ACE OF INJURY (Home, farm, 2Df. (City or lown) (Stete)
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (b) Arteriosclerosis DUE TO Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO COURTED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. P.m. VA 19 PART II. DEATH WAS CAUSED BY: Encephalomalacia, Arteriosclerosis, DUE TO Cause lest. Diabetes mellit 20b. DESCRIBE HOW INJURY OCCURED While Not While et work at work at work	onset and Death due to circulatory disturbance, 36-48 ombosis middle cerebral artery generalized cerebral severe or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), steining the underlying DUE TO Conditions, if eny, which gave rise to immediate cause (e), steining the underlying DUE TO Course lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DOBE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DOBE CONTRIBUTING AND	onset and Death onbosis middle cerebral artery generalized cerebral severe of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) of related to the te
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Pour e.m. P.m. VA 19 20d. INJURY OCCURED 20e. PLA While Not While feet et work at	onset and Death due to circulatory disturbance, 36-48 ombosis middle cerebral artery generalized cerebral severe or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition given in Part 1(a) or related to the terminal disease condition
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit ZDe. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ZOC. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. VA 19 20d. INJURY OCCURED 20e. PLA While Not While st work at work at work at work 21. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia Conditions, if eny, which gave rise to immediate cause (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit ZDe. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NO DIABETES MELLIT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ZOC. TIME OF INJURY Month, Day, Yeer While Not While of work at work feet p.m. VA 19 While of work at work Mile of work at work Z1. I certify that XIX MISS MONTH AT ALL WAS AL	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe unknown of related to the terminal disease condition given in Part 1(a) tus, severe of lighter neture of injury in Pert I or Pert II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) ACE OF INJURY (Home, farm, 20f. (City or town) Occember 28 1960, to April 11, 1962 x tax tax x to the death occurred at
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO left cortex, thro Gave rise to immediate cause (b) Arteriosclerosis (c), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. VA 19 21. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onset and Death due to circulatory disturbance, 36-48 ombosis middle cerebral artery generalized cerebral severe unknown of related to the terminal disease condition given in Part 1(a) of related to the terminal disease condition given in Part 1(a) performed? yes \(\) (County) (Stete) on cerebral artery unknown 19. Was autopsy performed? yes \(\) No \(\) ACE OF INJURY (Home, farm, of the part 1 or Part 11 of item 18.) ACE OF INJURY (Home, farm, of the causes and on the date stated above the death occurred at
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia, DUE TO left cortex, thro gave rise to immediate cause (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit ZDe. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NO DIABETES MELLIT ZDE. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NO DIABETES MELLIT ZDE. ACCIDENT WAS UNDERLYING WORLD OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ZOC. TIME OF INJURY Month, Day, Yeer While Not While et work a) work feet P.m. VA 19 While Not While et work a) work work work work work work work work	onset and Death due to circulatory disturbance, 36-48 mbosis middle cerebral artery generalized cerebral severe or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition given in Part I(a) or related to the terminal disease condition
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia DUE TO left cortex, thro Gave rise to immediate cause (e), steing the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer While Not While P.m. VA 19 While Not While Fact While Not While A) work of feet 11. Certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onset and Death onbosis middle cerebral artery peneralized cerebral severe on related to the terminal disease condition given in Part 1(a) on the terminal disease condition given in Part 1(a
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), steling the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit Cor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) COC. TIME OF INJURY Month, Day, Yeer Hour e.m. p.m. VA 19 20d. INJURY OCCURED While Not While of work at work at work 21. I certify that XIX INDIX DOXING attended the deceased from INDIX ASSESSMENT AND	onset and Death onbosis middle cerebral artery generalized cerebral severe on related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) of related to the terminal disease condition given in Part I(a) on on State on Graphys. On State on State on Director Phys. On Crematory On Crematory On Crematory On Arlington, Virginia
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia DUE TO left cortex, thro Conditions, if eny, which gave rise to immediate cause (e), stelling the underlying DUE TO Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellit 20e. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Yeer While Not While feet P.m. VA 19 et work Nike Conditions 21. I certify that XIX MISS CONDITION attended the deceased from While et work Nike Conditions 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) A. L. MOONEY Asst. Clinical Cause of Camerery PREMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY A Date of Camerery A Date of Came	onset and Death onbosis middle cerebral artery peneralized cerebral severe on related to the terminal disease condition given in Part 1(a) on the terminal disease condition given in Part 1(a

determine Administration Respired

S. S. R. D. L.

E2-FI-

sinings, and makes

TERLI CARRELES LORGICE, T. N.

to be a faired and the same of the same of

Trill Indiana | Concinuo ion | Trita

Homey Dolmer (desented) . Helen V. Hickey [desented]

Diameter and in the assertant

Janes Janes , Janes Hospital Headens, Vall, Sepre Polar, pd.

The Engelshaloughedge, dee to entend the tendence, see to The cortex, intended in minimum of the cortex arecord

entere terra Eridezeo bazilennen, nibo elsationita

L. YEBBYY ...

Avide Balling Amer. Oligion Parhologian, Vall, Percy Boshs, Me.

ventiletter i den, navro derorace, to.

Juneral 2 filled in by n The law requires that the death certificate be executed within 24 hours after d der Rage 4 may be fined by the hospital or attending physician.

TO 1.

ALL DIRECTOR: After this certificate has been signed by the attending physician and complete directo, bage 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hr

		H		
٧	R	A	15	(4)
1	S	М	7	61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04447 CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY CAC	H			1 2. USUAL RESIDEN	CE (Where decei	sed lived. If i	nstitution: Res	sidence before	edmission)
1.00				e. STATE		b. COUN			1
			MARYLAND		ginia				
b. CITY OR TOWN (if outside corporate limit d give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora	te limits, write	RURAL and	give nearest to	wn)
Perry	Point		28yrs.4mo.	Nor	folk		83	3x'3	
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hosp	ital, give street address)	d. STREET ADDRESS					A FARM?
Veterans A	Administrat	tion H	ospital	220	W. 26th S	treet			NO T
3. NAME OF	First		Middle	Last 200	4. DATE	Month		Day Yes	of to
(Type or print)	GEOR	GE	W.	GOFF	OF DEATH	Apri:	1	2 19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. 4	GE (In years		EAR IF UNDE	R 24 HRS.
Male	White	WIDOWED		12-23-93	68	st birthday) yrs.	Months Da	Hours	Min.
floa. USUAL OCCUPAT	ION (Give kind of work orking lile, even il retire	10b. KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or for	eign country)	12. CITIZI	EN OF WHAT	COUNTRY
Labore			ous-kinds	Virgin	า๋ ค ี๋ เ		US	A	
13. FATHER'S NAME	0.10) V COLL S	. Oub Allub	14. MOTHER'S MAIDEN					
	D	00 /	1	*** / 0	1 000				
15 WAS DECEASED EN	Perry Go		ocial security NO.1 17.	Mlvira (?) Goff	Address			
(Yes, no, or unkown) (If yes give werordates of se								
Yes	WW I			ospital Rec	ords, VA	H, Per	rry Po		
	DEATH [Enter only one	cause per lin	ne for (e), (b), and (c).]					ONSET AND	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bron	nchopneumonia	bilateral					days
14)	ADUE TO								
Conditions, if any	0	Arte	riosclerotic	heart dies	200			*****	0.1.00
gave rise to immed	late ceuse	112 00.	110001610110	Hear o arses	156			unkn	OWIL
(e), stating the u	Inderlying DUE TO								
cause last.) (c)_								
PART II. OTHE	R SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CO	NDITION GIV	EN IN PART 1		AUTOPSY ORMED?
F F		Arte:	riosclerosis	generalized	1			YES T	NO [
ci l	'AS UNDERLYING		RIBE HOW INJURY OCCURED			item 18.)			
20a. ACCIDENT W	CAUSE OF DEATH								
	MEDICAL EXAMINER)								
20c. TIME OF INJU	JRY Month, Day, Yea	ar 20d. It While		CE OF INJURY (Home, fer lory, street, office bldg., etc		town)	(Count	у)	(Stete)
20c. TIME OF INJU Hour e.m.	WEDICAL EXAMINER) URY Month, Day, Yes VA 19	While et work	Not While fac	ory, street, office bldg., etc	:.)				
20c. TIME OF INJU Hour e.m. p.m. 21. 1 certify	JRY Month, Day, Yea VA 19 that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	While et work	Not While fac	12-3	19.3.3 to	pril.	2, 19.6	2xbek (i)k	isse)che
20c. TIME OF INJU- Hour e.m. p.m. 21. 1 certify	JRY Month, Day, Yea VA 19 that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	While et work	Not While fac	12-3	19.3.3 to	pril.	2, 19.6	2xbox(t)x e date state	fore)ch e
20c. TIME OF INJU Hour e.m. p.m. 21. 1 certify	JRY Month, Day, Yea VA 19 that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	While et work	Not While fac	12-3death occured at	19.3.3 to	pril2 he causes	2, 19.6	2xbox(t)x e date state	isse)che
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify I	MEDICAL EXAMINER) JRY Month, Day, Yea VA 19 That DOXONOMINESSEM EMERICAN XXX	While et work	Not While fac	12-3death occured at	19.3.3 to	pril 2	2, 19.6	2xbox (i)x e date state	d above
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify I	MEDICAL EXAMINER) JRY Month, Day, Yea VA 19 That DOXONOMINESSEM EXERCISES AND	While et work (AX) attend (XXXXX	Not While fac	death occured at	19.3.3 to	pril	2, 19.6 and on the	2xbox ii)x e date state 221 4=	d above
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify I	MEDICAL EXAMINER) JRY Month, Day, Yea VA 19 That DOXONOMINESSEM EXERCISES AND	While et work	Not While fac	death occured at ATTENDING PHYS. 22d. ADDRESS	19.3.3 to	pril	2, 19.6 and on the	2xbox ii)x e date state 221 4=	d above
20c. TIME OF INJU Hour e.m. p.m. 21. I certify I	MEDICAL EXAMINER) JRY Month, Day, Yes VA 19 That DOXONEXIOSOM A. L. MOO TON, 23b. DATE THER	While et work (XXXXXX ONEY	Not While at work at work at work at work at work at work at white at work at	death occured at ATTENDING PHYS. 22d. ADDRESS Pathologi	19.3.3 to	pril; he causes STAFF PHYS. ** Perry	2, 19.6 and on the	2xbox Mx e date state 221 4=-	d above
OP. CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU Hour e.m. 21. I certify 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMAT REMOVAL (Specify	WA 19 That WXWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	While et work (XXXXXX ONEY	Not While at work at w	death occured at ATTENDING PHYS. 22d. ADDRESS Pathologi OR CREMATORY National	19.3.3 to	STAFF PHYS. Perry Perry ON (City, town	Point	2xboxxix e date state 22 4-	d above b. DATE SIGNED 3-62
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify I CKW MY XIMOS X 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMAT PEMOVAL (Specify	WA 19 That WXWXXXXXX A. L. MO ION, 23b. DATE THER	While et work (XXXXXX ONEY	Not While at work at w	death occured at ATTENDING PHYS. 22d. ADDRESS Pathologi OR CREMATORY National	19.3.3 to	STAFF PHYS. Perry ON (City, town 1gton, R 25b. REC	Point	2xbox fix e date state 22 4- 5, Md.	d above b. DATE SIGNED 3-62

Day Language of the grave on brade, he.

DALA. 1:09 Formy Foint Styre. hac. 9-10-9 Latticus in related which and the feeths 400 . des The State of 12-25-45 7 68 ... Lacorety History Constitution of the Constitut 1200 (?) service (because) 1200 Trans Yes WW I lone Hospital necessus, Yang Perry Notat, Md. egab OL-F me 00 m A. d. december of the transfer of the contract The second of th

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY b. COUNTY Maryland Cecil Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Less than Perry Point, Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 24. shours d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital 608 Franklin YES NO T 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH LOHITS HAFFNER 1962 April 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. This certificate should be executed within 24 hours after deal 3 word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 dical Examiner's Office along with form PM3. Page 5 may uld be used as a burial-transit permit. File pages 1 and 2 with within 72 last birthday) Months | Days 7-16-97 WIDOWED Male DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Spray Paint USA Foreman Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis G. Haffner (deceased) Chrisinthis Madel (deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Not Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line of the land (c) ONSET AND DEATH ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, retroperitoneal, massive DUE TO (b) Rupture of aorta, due to arteriosclerosis. Conditions, if any, which 10-12 hours the word "pending" in Medical Examiner's O should be used as a bu gave rise to immediate cause DUE TO (a), stating the underlying Arteriosclerosis, generalized, severe. Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? Cirrhosis of the liver. NO F pinous 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing the Chief A Sage 3 sl CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, '20f, (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. af work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🕱. Inspection 🕱. Inquiry X and in my opinion Natural causes X death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Rising Sun, Md. R. C. DODSON NAME (Type) ple: 4 shr O FU. Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Havre de Grace, Md. Rock Run 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME R. Madison Mitchell, Havre de Grace, Md. DATE APR 6 5M 1/62 archur & Thouse

5.26 = Int

THE VIEW

Sound of the

Saraha and Saraha

e interest and

7---

Along word (decorated the interpretation) continues (decorated the interpretation)

. I de la company de la compan

Arrest of a growth, a court with the control of the court.

. Hard E to be contained to

THE COURSE OF STREET STREET, S

Market Market State Live of Grand Live of the Market Marke

TO HOSPITAL OR AT. JING PHYSICIAN: The law requires that the death. Rage 4 may be retained by the hospital or attending physician.

TO FUNY AL DIRECTOR: After this certificate has been signed by the atterdirector, page 3 should be detached for use as the burial-transit permit. There be filed with the State Dept. of Health prior to burial, cremation, or removal,

	1		
-	B		
fer	funeral	spould	
hon	, the	1d 2	hath /
24	in by	- o	ar de
within	Pell	ages	Hr all
executed	complete	on papers	thin 70 h
pe	pue	arbo	W
e death certificate be executed within 24 hou	tending physician and complete illed in by the tuneral	s remove c	חפעם עחב
death	nding	please	and in
0	0	E	

0

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS AND RECOR DAAAG

0.3	220				OXXXO
1. PLACE OF DEAT	гн		2. USUAL RESIDEN		nstitution: Residence before edmi
	Cecil	MARYLAND	e. Stale Penn	sylvania b. COUN	IY .
b. CITY OR TOWN write RURAL es	l (if outside corporete limits, nd give neerest town)	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
Perry Po		13yrs.8mo.22d	avs Phil	s delphia	7.5 x 3
		in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDI
Veterans	Administrati	on Hospital	6136 W	ayne Avenue	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer
(Type or print)	GEORG		HARRINGTON	of DEATH Apri	1 24 19 62
5. SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24
Male		DOWED DIVORCED	10-20-91	70 yrs.	Months Deys Hours N
Oe. USUAL OCCUPA	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Coun	ty & Stete, or foreign country)	12. CITIZEN OF WHAT COUL
Attorn	Va	Federal Communi			USA
3. FATHER'S NAME	C	ation Commission	ME. MOTHER'S MAIDEN	NAME	UDA
	Michael Harr			G. McHenry	
5. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 1 17	INFORMANT	Address	
Yes, no, or unkown)	(If yes give wer or detes of service WW - T	e)			
		unknown Ho	espital Recor	ds, VAH, Perry	Point, Md.
					ONSET AND DEAT
	IMMEDIATE CAUSE (0)	yocardial infar	ction acute		5-7 day:
1420	DUE TO				
Conditions, if er	ny, which \ (b) A	rteriosclerotic	heart disea	se	unknown
geve rise to imme	Dill TO				
cause last.	(c)				
PART II. OTH		S CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	
					YES I NO
PART II. OTH 200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING [] 206	DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in I	Pert I or Pert II of item 18.)	X
	G CAUSE OF DEATH				
20c. TIME OF IN. Hour e.m.			LACE OF INJURY (Home, farm actory, street, office bldg., etc.		(County) (Stet
Hour e.m.	TTA	While Not While ta	ictory, arrest, since brag., etc.	1	
21. I certify	thatXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	attended the deceased from	August 2	1948 to April 2	4 19 62 жылыны жылы
22e. SIGNATURE	STAN THAN ENTERING THE SECURITY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	38.	10 am	22b. D/
	AI m	Man	DUNG D	AED. STAFF	, SI
22c. PHYSICIAN'		roog	M.D. PHYS. D	IRECTOR PHYS.	4-24-6
NAME (Typ		Asst.Clinica		t, VAH, Perry	Point, Md.
30. BURIAL, CREMA		23c. NAME OF CEMETERY		23d. LOCATION (City, tow	rn or county) (Stete)
REMOVAL (Specific	" 4/26/19	2 Arling	ton	Arlington	, Va.
4 FUNERAL DIRECTO	DR'S SIGNATURE	/ ADDRESS	25a. REC	D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
Commo	the the	Hamele bea	a Md DATE M	AY 3 '62 CI	when S. Kraus
0 40000	J. , , , , , , ,	A-200CO-1, 2-	AN CHAIR IN	MI OZ I CA	D. TURNE

	n king Egginne i			12000	
	azdriebalidi y				
2 A	SIFE NAVAL AVOR	Lat.	reoff units	the Labour	and this eV.
	20-91	ny de bu			n Zuit.
	oxigationi	-immano anotasino	Intobn.		120334
	rancos C. Robert	Marie Control	normalana	-loader.	
erer Petal, El.	ol manager, v.m.p	trasor mo	actina	7-101	neY
542 day	and the second	oltonalit la	j:hensewii		
	onless h	med attornio	sulcare l		
	9, 2	the state of the same			
	m 01:8 m				
- E-1					
. Anto s ve	o, tolon	del Englatio	The Print	13 .1	
von, Tu.	on (II. 19) Van Language	notanilir			19(UM E)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II institution; Residence before admission) 6. COUNTY Harford a. COUNTY Cecil Maryland MARYLAND b. CITY OR TOWN (il outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 3 davs Perry Point, Md. d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? RD 3, Box 371 YES NO W Veterans Administration Hospital executed 3. NAME OF 4. DATE Month DECEASED Harry H. HIPKINS 25. 19 62 April (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In yeers 1 IF UNDER 1 YEAR and last birthday) Months Male White 11-7-86 WIDOWED DIVORCED [certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF 8USINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) County Court House Havre de Grace. Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Iken please and George L. Hipkins Amelia R. Oals 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, po, or unkown] | (Ilyesgivewergreetespeservice) 213-38-8125 Address (Yes, no, or unkown) (Ilyesgivewer or detes of service) VA Hospital Records - Perry Point, Md. ian. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y1 Bronchial pneumonia, bilateral, unresolved 72 hours IMMEDIATE CAUSE (e) 420.0 DUE TO Myocardial infarction unknown Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying Arteriosclerotic heart disease unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY 80 PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) While Not While at work at work CTOR: 21. I certify that W. XIKKKAKKK attended the deceased from April 25 1962 th XXXXXXXX 22b. DATE 220. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. -62 22d. ADDRESS 22c. PHYSICIAN'S Asst. Clinical Pathologist, VAH, Perry Point, Md. FUZ. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 0 5 3 REMOVAL (Specify) tril 28, 1962 Baker Aberdeen, Md. Remova. ADDRESS W. Broadway WILLIAMS 250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 Joseph W. Foster, Belair, Maryland 7 '62 freeze w. foster

A Second . tol . raint grows - abronch Lack and 17 to months of the Committee many in the transport of the property of the propert JUNE ME JOD . N. ACOMEY LE ". CLAMACEL LE LUCIONALE FORMES FORMES FORMES IN • 4 Jones Winter Select Complement SELECT E PLANE STREET TO SELECT THE SELECT T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PHOREST OF TRAINING OF TRAIN The state of the s THE RESERVE TO A STATE OF THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

teg. Dist. Q4450

	023	04		CER	TIFICA	ATE OF DEATH	1		Reg. Dist.	4450
1. PLAC o. CC	E OF DEATH	Cecil		MA	RYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	nere deceased lived.	If institution COUNTY	n: Residence before Cecil	ore admission)
			mits, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If o	outside corporate lin	nits, write RU	RAL and give ne	earest town)
	Elk	ton		Life		27 Elkto	n			212000
d. N/	INSTITUTION			address)		d. STREET ADDRESS	lain Str	eet		e. IS RESIDENCE ON A FARM? YES NO
DECE	ASED					Last DGE	4. DATE OF DEATH	Apr.	28,	1962
S. SEX		6. COLOR OR RACI	E 7. MARE	RIED MEVER MA	RRIED 🔲	8. DATE OF BIRTH	9. AG			R IF UNDER 24 HRS.
Ma	le	White	WIDOW	ED DIVOR	CED 🗌	Nov. 19, 18	184 7	7 yrs.	Months Days	Hours Min.
10a. USI	JAL OCCUPAT	ON (Give kind of working life even if retire	k done 10b.	KIND OF BUSINES	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN O	F WHAT COUNTRY
	THE R. L.		50)	General		Nr. Elkt	on, Md.		U	.S.A.
13. FATH	ER'S NAME					14. MOTHER'S MAIDEN N	NAME			
Ric	hard :	Lodge				Jane				
1S. WAS	DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY	NO. 1			Addre	ess	
	_	(It yes, give war or dates o		19-10-87	M FF	rs. Marv El	len Lod	ge. E	lkton.	Md.
_		ATH [Enter only one	couse per li	ne for (a), (b), and					INT	TERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY	:	Barre	4	num. IT	Black	1.	ON	ISET AND DEATH
	181,0		1			1	1			120
Co	nditions, if	ony, which)	4.5			,				
go	ve rise to	immediate (DUE T								
		the under-								
z =	PART II. OT			CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY
ATIC										PERFORMED? YES NO
	ACCIDENT W	AS UNDERLYING I	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in	Port I ar Part II of	tem 1B.)		
OR (IF E	CONTRIBUTING	G CAUSE OF DEATH	H							
				NIURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	20f. (City or toy	(n)	(County)) (State)
EDIC	Hour o. m.		While	Nat while				,	(000)	, (5.5.5)
_			0101							
21.	I certify t	hat I attended th	e deceas	ed from 4	25-	, 19 <u>fL</u> , to	4-25-	1962+	hat I lost so	w the deceosed
ali	ve on	1-27-	, 19_	ond th	ot deoth	occurred at 9 PA	M, from the c	auses onc	on the dot	e stoted obove
		1	1	1	11	, ,,	ADDRESS (Street, c			
		+aul	70	M. Kmm	4	M.D			April	30, 196
PHY	SICIAN'S ME (Type)	Jaco	Ь	I 4	re	enwald	14.17	FIR	ton, M	ld.
			EOF	22c. NAME OF C	EMETERY O	R CREMATORY	22d. LOCATION (City, town, or	r county)	(State)
		May 2	196	2Gilnin	Mano	r Mem. Pk.	Nr. El	kton.	Md.	
	b. CIT RU d. N/A 17 3. NAM DECE (Type S. SEX M. CIT 13. FATH RI Co Go Cot III Co Go Cot Cot Cot Cot Cot Cot	RURAL and give r A. NAME OF HOSP OR INSTITUTION 170 E 1 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPATI during most of wa Labore 13. FATHER'S NAME Richard 15. WAS DECEASED EV (Yes, no. or unknow) 100 Canditions, if gove rise to cause (o), stoting lying cause lost of Cause (o), stoting lying cause lo	b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) Elkton d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION 170 E. Main Stree) 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Male 10a. USUAL OCCUPATION (Give kind of wor during most of warking life, even if retire 12 aborer 13. FATHER'S NAME Richard Lodge 15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes. no., or unknown) 18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DEATH (Sover is et a) immediate cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT COME CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER NOTIFY MEDICAL EXAMINER PHYSICIAN'S NAME (Type) 220. ETIME OF INJURY Month, Day, Month,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 170 E. Main Street 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARI WIDOW 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Laborer 13. FATHER'S NAME Richard Lodge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no., or unknown) 16. CAUSE OF DEATH [Enter only one couse per limited of service) and the service of service) 17. O DUE TO Canditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS (C) 20a. ACCIDENT WAS UNDERLYING DEET TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 while of wor address of service of the service of th	D. COUNTY Cecil MA b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FIRTO A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 170 E. Main Street 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Midwind Midwin	1. PLACE OF DEATH O. COUNTY CCCII b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 170 E. Main Street 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Middle White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) Usung most of working life, even if retired) 13. FATHER'S NAME RICHARD 13. FATHER'S NAME RICHARD 16. SOCIAL SECURITY NO. 170 E. Main Street 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Canditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. 170 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Day, Year 21c. I certify that I attended the deceased from 19 of work	1. PLACE OF DEATH O. COUNTY Cecil MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. C. LODGE S. SEX D. ACOLOR OR RRCE D. AARRIED MOVER DIVORCED NOV. 19 18 D. DATE OF BIRTH NOV. 19 18 D.	D. COUNTY Cecil b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lower nearest limited on the lower nearest lower	1. PLACE OF DEATH O. COUNTY COCII MARYLAND D. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest time) ETICTON LOTY OF TOWN (If outside corporate limits, write RURAL and give nearest time) ETICTON LOTY OF TOWN (If outside corporate limits, write RURAL and give nearest time) ETICTON LOTY OF TOWN (If outside corporate limits, write RURAL and give nearest time) LOTO E. Main Street ANAME OF DESTAL (If not in hospital, give street address) JOE Main Street APP (A DET ADDRESS 170 E. Main Street A	1. PLACE OF DEATH O. COUNTY COCII MARYLAND D. CITY OR TOWN (If outside corporate limits, write and office to be considered by the constitution) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. CITY OR TOWN (If outside corporate limits, write and give nearest town) D. SIRLET ADDRESS 170 E. Main Street 170 E. Main Street D. ADATE Month D. ADATE D. ADATE MONTH D. ADATE MONTH D. ADATE MONTH D. ADATE MONTH MONTH D. ADATE MONTH D. ADATE D. ADATE MONTH MONTH D. ADATE D. ADATE D. AD

24a. REC'D BY REGISTRAR

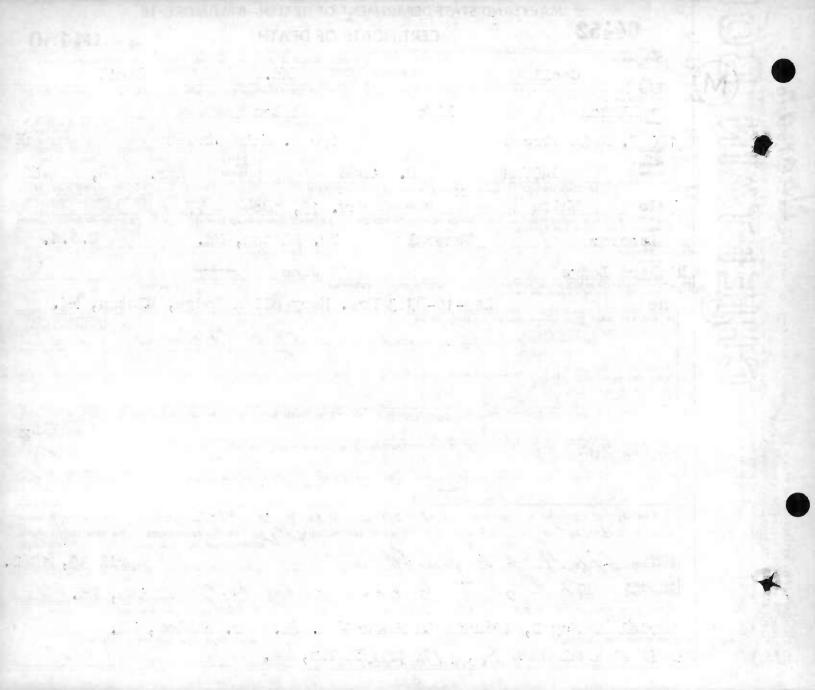
24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDIN TO FUNERA VS A1S (4) 15M 9/5B

HYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

FUNERAL DIRECTOR'S SIGNATURE

Circher S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a STATE b. COUNTY the st Cecil MARYLAND Harford Maryland pue b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) p write RURAL and give nearest town) Perryville days Havre de Grace. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Perry Point. Md. 802 Erie Street NAME OF 4. DATE Middle Month Yaar pape n 72 DECEASED OF (Type or print) DEATH 19 62 JOHN V. MARCUCCI April AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH and c last birthday) Months Days Male White 1-11-20 42 WIDOWED T DIVORCED YES. physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foreign country) done during most of working life, even if ratired) Barber private Steubenville. Ohio USA. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 BIAGIO MARCUCCT CANART CANDIDA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas giva war or dates of service) Unknown Hospital Records. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GASTRO-INTESTINAL BLEEDING Days IMMEDIATE CAUSE (a) DUE TO LAENNEC 'S CIRRHOSIS l vear Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | 19. WAS AUTOPSY CERTIFICATION as PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING | CAUSE OF DEATH TOR: After this be detached to WEDICAL 20d. INJURY OCCURRED I 2Da. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work Ü A. Markey 19 years and that death occured at 2. M from the causes and on the date stated above. 353V XIMEX DEKER SEX PRIVE OR ... 22a SIGNATURE ATTENDING SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN Goldgraben MD VAH., Perry Point, Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 0 5 8 Havre de Grace. Md. Mt Erin Catholic 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 arthur & Thous

within 24

executed

that the

0431 the care to a second COLUMN TO THE THREE THRE 1-11-20 6220 and the desired that the cast to the cast to the cast. THE RESERVE OF THE PARTY OF THE eredge Goldgebinn, and. the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14454

CERTIFICATE OF DEATH

04452

0 1 10 M		
1. PLACE OF DEATH . a. COUNTY	USUAL RESIDENCE (Whare deceased livad, If institution; Residence before a. SJATE b. COUNTY	admission
Geell	REYLAND Maryland Cecil	
b. CITY OR TOWN (if outside corporete limits,	STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest to	wn)
Perryville, Rural 45 4.	NV Perryville, Rural	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	eddress) d. STREET ADDRESS e. IS	A FARM?
Rt 222		NOT
3. NAME OF First Middle DECEASED	le Lest 4. DATE Month Day Ye	er
(Type or print) Lida A	A	62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RKIED	R 24 HRS.
Female White WIDOWED DIVO	ORCED April 1,1880 82 yrs. Months Days Hours	Min.
	S OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	COUNTRY
done during most of working life even if refired) Own Home	Maryland USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nathan Morris	Sarah Billingsley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. 17. INFORMANT Address	
(Yes, no, Nonkown) (Ifyes give wer or dates of service) 219-36-02	226 Mildred E. Koontz, Perryville, Md. Ru	7
18. CAUSE OF DEATH [Enter only one ceuse per line fo/ le), (b), et	nd (c).]	TWEEN
PART I. DEATH WAS CAUSED BY:	ONSETAND	
IMMEDIATE CAUSE (e)	e my oceanius	X co
DUE TO		1
Conditions, if any, which		
geve rise to immediate ceuse DUE TO		
(e), stelling the underlying couse lest.		
[6]	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY
05	PERF YES T	ORMED?
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU	JRY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)	110
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURR	ED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.)	(Stata)
Hour e.m. 200. IMARY OCCUR. While Not While p.m. 19 et work et work	7/ 1/ 1/ 10 16	
21. I certify that (I) (this hospital) attended the proces	pased from 107-10, 196, to 1822 1, 196, What (1)	(we) la
/// 10 00 00 10	and that death occured atM, from the causes and on the date state	
saw the deceased alive on 1962		b, DATE
Cloorsuse If Ihms	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	SIGNE
22c. PHYSICIAN'S NAME (Type) Clarence I. Benson	22d. ADDRESS	
NAME (Type) Clarence I. Benson	Port Deposit, Md.	
		Stete)
19471apleify) 4-12-1962 St. M	arks Cemetery Perryville, Md. Rural	
ADDRESS		
of a Cattonson & Soul Per	ryville, Md DATE 10R 13'62 Chiller S. Kraus	
sow wight many and	TOTAL TOTAL COMMINE DE L'ANNE	

*** Maryland Perreville, ourself for your persyntia, surel BIS . IS SALES fluck of feedels . A of life of some Ros Jest I fitch T - and Borries Baron Baron Billingolog Percent by effly reton at account to borblin of to accer-Clarence I. Henson Fort Departs. M. . . . Burdalt Well-19es it. Marke Cereberg . Persyville, ad. more Wer a. California of Joseph 2002, Porrywalls, Marin and and an arrange of the

		1
10	ineral	1
4 hou	by the fu	death. =
within 2	ed in	ours after
TO HOSPITAL OR ATT. ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rerespondent. Page 4 may be retained by the hospital or attending physician.	TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician and completed bed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2. Affould	nin 72 hc
ote be e	n and c	ent, with
certifica	physicia e remove	ve yper
e death	tending en pleas	I, and ir
es that the	by the al	r remova
w require	signed l	ation, or
TO HOSPITAL OR AIT ING PHYSICIAN: The law requires that death. Page 4 may be retained by the hospital or attending physician.	has been burial-t	rial, crem
SICIAN:	rtificate I se as the	or to bu
T PHY:	r this ce	ealth pri
IN Instance of the Instance of	OR: Afte e detach	ppt. of H
R ATT y be re	RECIC	tate De
AL O	AL DI ge 3 st	h the S
IOSPIT th. Pag.	ctor, pa	filed wit
TO F	dir	8
15/	A 7/6	1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04453

	a. COUNTY	1		2. USUAL RESIDENCE	CE (Where dace			Resider	ce before	edmission)
		Cecil	MARYLAND	a. STATE Mar	yland	b. COU	AIT			1
	b. CITY OR TOWN (i	if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpora	ate limits, write	e RURAL an	d give	nearest tov	vn)
	886	y Point	9 mo. 20days	Bal	timore		7	VI	1.4	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if no	t in hospital, give straet address)	d. STREET ADDRESS						ESIDENCE A FARM?
	Veterans .	Administrati	on Hospital	5415 Kne	ll Aver	nue			YES [NO 🔀
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h	Dey	Yea	r
Н	(Type or print)	JOHN	LAWRENCE	OBITZ	DEATH	Apri	1	19	19	62
	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In years	-		IF UNDER	24 HRS.
	Male	7 77 0 1	DOWED TO DIVORCED	11-27-76		85 yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCUPAT	ON (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or los	reign country)	12. CI1	TIZEN C	F WHAT	OUNTRY?
	Carpe		Construction	Maryland			TT			
-	13. FATHER'S NAME		OOMS STUCETON	14. MOTHER'S MAIDEN	NAME		U	SA		-
	Jo	ohn Obitz (d	eceased)		Grac	ey (de	Ceag	150		
	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		cuj	37.	-
	Yes Yes	fyesgive wer or dates of sarvice S. A. W.	215-18-7245 Ho	spital Reco	rds. VA	H. Perr	TE Po-	int	Ma	
	IB. CAUSE OF D	EATH [Enter only one cau	se per line for (a), (b), end (c).]	DPITOI MOUO.	145, 121	1191 611	.y 10.	IN	FERVAL BET	
4		H WAS CAUSED BY, IMMEDIATE CAUSE (e)	Ventricular arri	hvth mi a				01	2-5	min.
	172	O DUE TO							2-1	M. A. A. A
-	Conditions, if any	4	Arterioscleroti	heart dies	220				Yea	~ ~
	gave rise to immadi	iate cause	112 0011000101001	o near o drae	456			_	_ rea.	rs
	(a), steting the us	nderlying	Arteriosclerosis	generaliza	ad gover	20			Vac	
		SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIV	EN IN PAR	T 1(a) 1	Yea.	
1	OLL								-	RMED?
	200. ACCIDENT W	AS UNDERLYING 1 + 20	b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in I	Part I or Pert II of	f item 1B.1			152 20	40 1
	OR CONTRIBUTING	CAUSE OF DEATH								
	NO TIME OF INJU	RY Month, Day, Yeer		CE OF INJURY (Home, farm		r town)	(Cou	inty)		(Stata)
	20c. TIME OF INJU Hour e.m.	VA 19	While Not While fact	ory, street, office bldg., etc.)					
			attended the deceased from	June 30	19.61 to A	pril 1	9 19	627	heix(#) x(www.hylast
			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			-	-			
	22a. SIGNATURE								225	, DAIL
	(3.1. ma	mly M		AED.	STAFF PHYS.			4-20	-62
	22c. PHYSICIAN'S NAME (Type)	3 4 11 -01	1	22d. ADDRESS						
	NAME (Type)	A.L. MOONEY	, Asst!Clinical	Pathologist	, VAH,	Perry	Point	t, I	id.	
	REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, to	wn or count	ly)	(S	tata)
	KEMOYAU (Specify)	4/3//6:	2 Nation	al	Bal	timore	e, Md			
	24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		'D BY REGISTRA	AR 255. RE	GISTRAR'S	SIGNA	TURE	W 1 7
	Benzinger	THE SOM H	avré de Grace, M	d. DAMPR	2 3 '62	Citt	mg 8. 9	CLANNE		
0		//						-		

Esono 0200221 E E J. St. But. 200 avet start line line the bull the start and the start and the n lead to Tohn Ohits [decomped] (Louismoun) to oatre S.A.W. 215-18-7205 Rounded Decords, Mark, North Rollet, Ed. a including a fundament of the same province on all minings, a teat of 00001955 come on the later of the same . MALVESTEN T & D ist. Intelest, Loudy Gifalo as Passacionain, Villy Baser volue, Vd. . her , neromin the Marie and All , sound by Asia (All , All) was a series

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04456

CERTIFICATE OF DEATH 04454

					O L A O L		
I. PLACE OF DEA	TH				institution: Residence bafora admission)		
Cec	il	MARYLAND	a. STATE D. C. b. COUNTY				
	(if outside corporata limits,	RURAL and give naarest town)					
_	nd give neerest town)	ME down	Washington - D.C. 41x.3				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADDRESS	l e. IS RESIDENCE			
					ON A FARM?		
	ns Administrati		1106 - 8				
NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Yaar		
(Type or print)	Johr	L.	PINKNEY	DEATH L	24 19 62		
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years			
Male	Monne	DOWED DIVORCED	5-11-91	last birthday)	Months Days Hours Min.		
Da. USUAL OCCUPA		IOL. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?		
done during most of	working life, even if ratired)			U.S.A.			
Laborer 3. FATHER'S NAME		Trucking	Aiken,		0.D.R.		
			14. MOTHER'S MAIDEN				
Wil.		(deceased)	Judy Br	own (deceased	1)		
	EVER IN U.S. ARMED FORCES? (If yas give war or datas of service		NFORMANT	Addrass			
Yes	WW T		Hospital Re	cords - Perry I	Point, Maryland		
	DEATH (Enter only one cause				I INTERVAL BETWEEN		
PART I. DE	ATH WAS CAUSED BY:	Lobar pneumonia	bilateral		ONSET AND DEATH 48-72 hrs		
3 0	IMMEDIATE CAUSE (a)	Parodinois de la constante de	22200202		10 111		
18	O J DUE TO	D 3 3 111		Ent. 23 South			
Conditions, if a	1 1 1 1	Pyelonephritis a	acute bilat	eral	unknown		
gave risa to imma	DIJIT TO						
causa last.		Systemic gout			unknown		
PART II. OTH	ER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY		
PART II. OTH					PERFORMED? YES PO NO		
20s ACCIDENT	WAS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCURED	/Enter nature of injury in	Part I or Part II of item 18)	113 20 110		
OP. CONTRIBUTION	IG [] CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURED	, (chier halura of injury in	ran i or ran ii oi nem ib.,			
	FY MEDICAL EXAMINER)						
20c. TIME OF IN Hour a.m			CE OF INJURY (Home, far ory, straet, offica bldg., at		(County) (State)		
Hour a.m	V/A	at work at work					
21 I contifu	Hart ARCYCOGOROGOROGOROGO	attended the deceased from	2-8-62	10 to 1-21-6	2, 19, жылық жасаржыс		
					and on the date stated above		
		MAXXXYY XXX and that	death occured atta	a.U.D., from the causes	22b. DATE		
22a. SIGNATUR	0 / 500		ATTENDING	MED. STAFF	SIGNED		
	u. L. Muor	M	.0.	DIRECTOR PHYS.	4-24-62		
22c. PHYSICIAN NAME (Typ			22d. ADDRESS	TEATE TO	D		
	A. L. MOONE	Asst. Clinica	1 Pathologi	st, VAH, Perry	Point, Md.		
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tox	vn or county) (Steta)		
REMOVAL (Special	mn 5-30-6	Arlington 1	National	Arlington.	Va.		
Removal	DR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REG			
11/ 1	T Paris	10-0 765	CANU DATE	inn A Time	rthur S. Kraus		

illed in by PHYSICIAN: The law requires that the death certificate be executed within 24 and in any event, within 72 hours after ages Age 4 may be Leg by the hospital or attending physician.

ALL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

TO HOSPITAL death.

VR A15 (4) 15M 7/61

x organ star

35 350505355 35 6/2 - 12-3/2

- E2090

Foregrafoint .

LARGHOL

. i mioli

(Section) forth with (Section) verific willing

Year and an I deld with the series - Perry Points, Karring

A. I. II HE LEST MANTE TO THE CLOSER, WILL TO THE MANTE TO THE STATE OF THE STATE O

L. H. Merend 1927 7278 MARTIN CONTRACT

attab st

True surgi

200 07 0

is a second a relative to include a constant.

.O.S - TAX DEMANA

PLANTE

Dem Clark

and a

ik sie eine Mitte

.ate SYADE

Santsall

FOR STATE HEALTH DEPT.

ay is neces.

Il director.

for your fill

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04455

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission						
a. COUNTY	ecil	a. STATE b. COUNTY Cecil						
Perryv		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, write RUR.	AL end give r	nearest town)	
d. NAME OF HOSPIT	ral or institution (if not i	n hospital, give street eddress)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO	
3. NAME OF	First	Middle	Eont Last	4. DATE	Month	Dey	Yeer	
(Type or print)	Ernest P			OF DEATH	4	29	19 62	
5. SEX		ARRIED NEVER MARRIED DIVORCED DIVORCED	DATE OF BIRTH		GE (In years IF UN it birthday) Mon		Hours Min.	
10a. USUAL OCCUPAT		b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country		2. CITIZEN O	F WHAT COUNTR	
Laborer 13. FATHER'S NAME		all kinds of w	14. MOTHER'S MAIDEN	Helena	Woodnoy	U.S.A	•	
15. WAS DECEASED EV	Preston ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		• Петеща	Address	· -		
	fyesgive wer or detes of service)	-825-1780 I	irs. Ernest 1	Prostem	Pormuui 1	le. Md		
18. CAUSE OF D	EATH [Entar only one cause		T D. DTINGO 1	1000000	rorry vara		ERVAL BETWEEN	
PART I. DEATI	H WAS CALISED BY.	and Mahakan				ONSET AND DEATH		
11200	IMMEDIATE CAUSE (a)	oronary Occlusion	and Diabete	9.5		L)MIN •	
700.1	DUE TO					19 2		
Conditions, if eny	(-)							
(a), steting the us	DIJE TO					-		
ceuse lest.) (c)							
PART II. OTHER 200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN		9. WAS AUTOPS? PERFORMED? YES NO	
		ESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pe	ert I or Pert II of item	18.)			
20c. TIME OF INJU Hour e.m. p.m.			ACE OF INJURY (Home, far tory, street, office bldg., etc		own)	(County)	(Stete)	
21. I certify th	at I took charge of the	remains described above, he	eld an Autopsy ,	Inspection T	, Inquiry 🌋], and	in my opinion	
death resulted f	rom: Natural causes	Accident , Suid	ide . Homicide	, Undete	ermined manne	er 🗍		
			CHIEF MEDICAL	EXAMINER [
ACTUAL	0000	1	M.D. ASSISTANT MED	DICAL EXAMINER		D	ATE SIGNED	
EXAMINER'S	ILLIN OF	Men	DEPUTY MEDICA	AL EXAMINER		100200	62	
NAME (Type)	R.C.Dodson	Too. MANG OF CONSTRUCT		un lo Md coun				
REMOVAL (Specify)		Principio		Princi	pio Fur		(State)	
3. SUNERAL DIRECTO	RMH	ADDRESS		C'D BY REGISTRAR				
VIIA.	(Talloham)	OM Perryvill	e,Md. DHAY	2 '62	arthur &	Harris		
	- up per vero	1~1	1 DMAGAS	,	- Comman A	, ruanus		

pleas. Carlot the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fashould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Eile pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

1:01 offin is officers of the 1 5 5 4 0 6 7 3 cm J.101. modern term C-CL-LLIPI simo to the file notice of other .b .effivers , ofore force .es englace o Coronal Cockerion and Michige Elsing Sun, Mi. mor out

A CALL SELECTION OF THE SECRETARIES AND A SECOND OF

Lio C

H - H - H

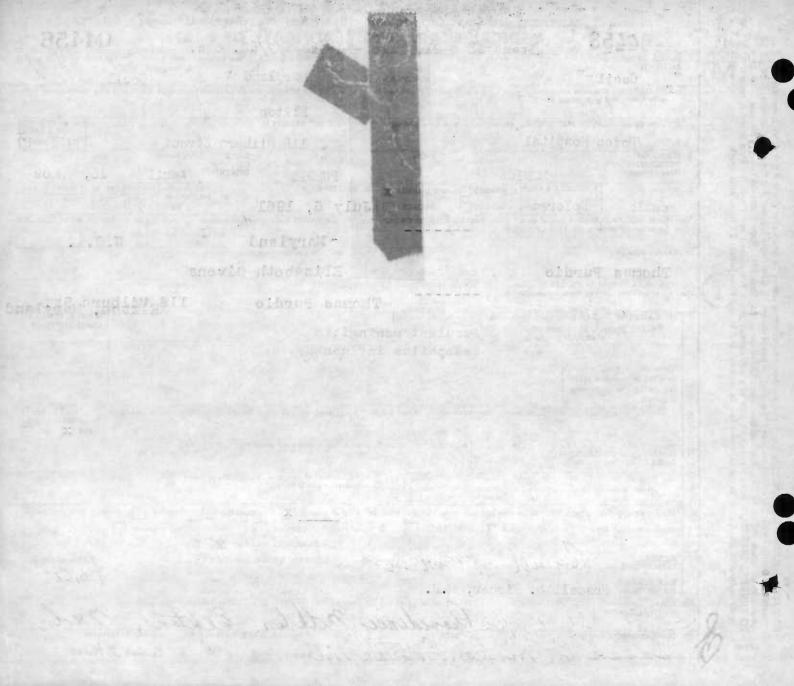
A THE LET

O me Om

77

See and the second

YLAND
1456
ce before admission)
nearest fown)
. IS RESIDENCE
ON A FARME
YES NO Year
19 62 IF UNDER 24 HRS.
Hours Min.
F WHAT COUNTRY?
.A
n St.
TERVAL BETWEEN
ISET AND DEATH
19. WAS AUTOPSY PERFORMED?
YES NO
(Stata)
in my opinion
ATE SIGNED
16/62
(Slala)
Rd,
URE
and
TINE Y



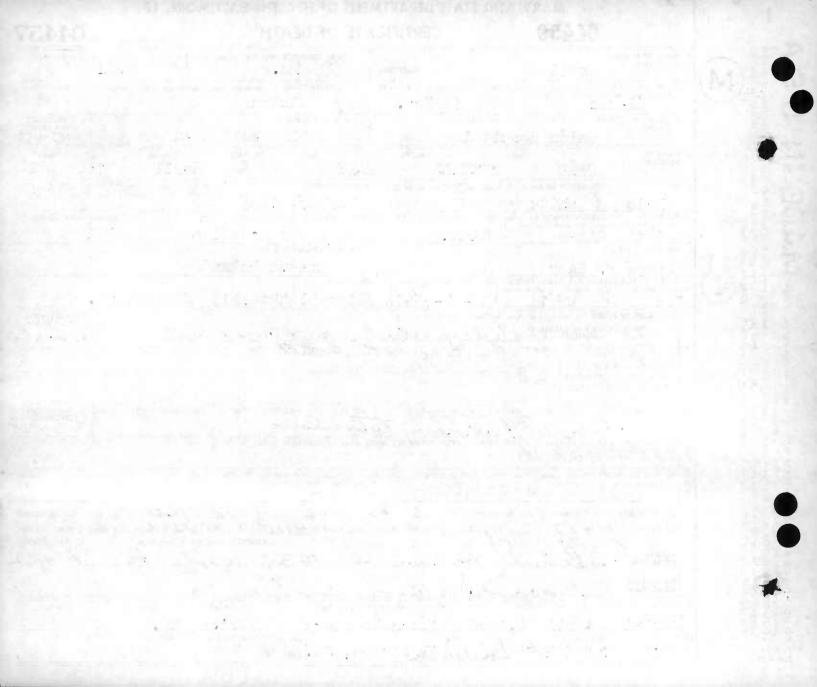
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04459 **CERTIFICATE OF DEATH** Reg. Dist. No. 04457

	a. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE a. STATE Md		ed. If instituti b. COUNTY			mission)
1	RURAL and give	(If outside corporate limits, wr nearest town) On	c. LENGTH OF STAY IN 16	4	(If outside corporate	limits, write R	URAL ond g	ive nearest	town)
	d. NAME OF HOSP OR INSTITUTION	Union Hospital		d. STREET ADDRESS		Road		0	RESIDENCE N A FARM? S NO 2
3	B. NAME OF DECEASED (Type or print)	FRED	Middle RUSSELL	RABY	4. DATE OF DEATH	April	ith	18,	Year 1952
	s. sex Male		MARRIED TONEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 25,	1895	AGE (In years last birthday) yrs.		1 YEAR IF U Days Ho	Urs Min.
	during most of wo	ION (Give kind of work done orking life, even if retired) Miner	106. KIND OF BUSINESS OR INDU Mining	North	Caroli			USA	AT COUNTRY?
1	3. FATHER'S NAME			14. MOTHER'S MAIDE		7			
1	James F		The cocini enginery no		na Rolano				
	Yes, no, or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		nformant Elioz Blan	kenship	Elkt		Md.	
	PART I. DE 4 2 0 1 Conditions, if gave rise to cause (o), stoting lying cause lost PART II. O' O' O' O' O' O' O' O' O' O'	immediate g the under- THER SIGNIFICANT CONDITIO AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE	brewlosi	ERMINAL DISEASE CO	DNDITION GIV		1(a) 19. W	AS AUTOPSY RECORDED NO (Stote)
	Hour o.m.	that I offended the decided of the second of	ceosed from 3 - 2 colors and that death 22c. NAME OF CEMETERY COLORS ADDRESS	m.D. 23 R CREMATORY Career, office bldg., 1962, to 100ccurred at 41.2 M.D. 23 R CREMATORY 240. 5	ADDRESS (Street) 22d. LOCATION E] kto	1968, causes and city or town,	that I los on the state) A v v v v v v v v v v v v v v v v v v	st saw the dote sto	e deceased
P	IPPIN FU	NERAL HOME	Jonaldh Du Elkt	on, Md DATE	APR 2 3 '62	a	rthur S.	Kruse	

Pages 1 and 2 shauld be filed with TO HOSPITAL OR AT THE HAS A CONTROLLAND. THE IDEA HAS DESCRIBED BY THE ACTION OF COMPLETELY FILLED TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled. the registrar priar ta burial, cremation, ar removol, and in ony event within 72 hours after death. VS A1S (4) 15M 9/SB

IYSICIAN: The law requires that the death certificate be executed within 24 hours after



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bafore edmission) a. COUNTY b. COUNTY director. Page CECIL MARYLAND CECIL MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town) o Route 40 Principio Creek E1kton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 213 Landing Lane YES NO T 3. NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH CHARLES RAYMOND RAMSEY 1962 10 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | may 2 wit s 1, 2, and 3 sage 5 may 1 and 2 will last birthday) Months Deys WIDOWED DIVORCED [MALE WHITE 9-29-1902 59 thin 24 hours after Give Pages 1, 2, orm PM3. Page 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? LABORER Maryland State Roads USA pages Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME thould be executed within 24 in pencil in Item 18. Give s Office along with form PA a burial-transit permit. File pencyst, and in any feet, a William T. Ramsey Bertha Revnolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Rising Sun 2, Md 218-16-1421 William Thomas Ramsey 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound fracture of frontal bone with loss of brain tissue DUE TO instant Conditions, if eny, which (6) the word "pending" Medical Examiner's (gava rise to immediate causa DUE TO as (a), stating the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Was hit by truck while riding in pick up truck Page 3 Chief A WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) Hour a.m. X 1962 Principio Creek, Cecil, Md forwarded to the L DIRECTOR: prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 Inquiry and in my opinion death resulted from Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S R.C.Dodson Rising Sun, Md 4-10-1962 NAME (Type) Address (Street, city, town, or county) DEP 6958 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 4-13-1962 Rosebank Calvert Cecil Co. Md 0 Q40 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATAPR 1 3 '62 Circhay S. Hraus .Grant North East, Maryland 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

8-110 ST 812	ST TO TAX THE			02310
ares .				a ten
	tipysis	q ird	stand of that	11 -05 09 bil
	215 Lindson Cric			
SW CHEST		Va Birina	elder in	
	98 909.0493			
	rand years		on at 18 mily	and timomit
	Hostomas nutzón			
	termin named as 2.	13 1301-01-0		
201.1	itte ener Armori do	exudaus) suboqu andus užura		
of Cent, Cash, La	Marie Marie			
5001-01-1		, THE THE E	modboff.f.s	
00 <u>8.5</u> 00	150V2070	ALL BUTTON	A-1841901 -A	
	Life (Adding)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE LEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY director. Page or your files. MARYLAND Cecil WN (If outside corporate limits, write KUKAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 for your f write RURAL and giva neerest town) Cecilton D.O.A. APUTION (if not in hospital, give streat eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Union Hospital 3. NAME OF cuted within 24 hours after death. If any altern 18. Give Pages 1, 2, and 3 to the g with form PM3. Page 5 may be relain it permit. File pages 1 and 2 with the State and 2 with the State permit. Middle 4. DATE Month Day Year reta DECEASED OF (Type or print) DEATH 19 62 Alice B Smith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED 67 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FAHER WIFE US Domestic 14. MOTHER'S MAIDEN NAME Ross Buskirk Frank Behnett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) "in pencil in Item 1 Office along with burial-transit permi Elkton, Md. Hespital Records 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (e) DUE TO This certificate should Conditions, if eny, which geve rise to immadiate cause "pending" Examiner's DUE TO (e), steting the underlying ould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION writing the word were Chief Medical Ex Page 3 should be unto to burial, crematic PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) cute the certificate, writibe forwarded to the Chi factory, street, office bldg., etc.) While Not While AEDI at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3 Inquiry and in my opinion death resulted from-Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED UNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Should NAME (Type) ARTSING Sunva Mounty 220. BURIAL, CREMATION. REMOVAL (Specify) 240 g Md. Cecilton, Cecil Co; April. 12, 1962 Cecilton Cemetery Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME arthur & Kenne 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

I'o C Cio C a faith Cec.lson Ingian and and a 4 4 4 nica icarital 5.1.3 52 lico 50 .E.U . FM ວ່າ ວ. dili. sanoh palpient sao. dient lebact .on it lecors Filton, I. . Oute Co. or or selection 4 mil 8 x x SUM ! Aleine Gun, Wd. ರೆಂ್ ೧ 'ಕ್ಟ್ Auril 2, 1 , Tales Constant Companies

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04462 04460 CERTIFICATE OF DEATH Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE b. COUNTY MARYLAND Cecil Maryland Cec il the funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest tawn) ploods 2 days North East e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? NX Union Hospital YES NO NAME OF 4. DATE First Middle Last Manth Day Year DECEASED fille (Type or print) DEATH 30 April 1962 HAR OLD STEWART 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years campletely last birthday) Manths Days Haurs WIDOWED [7] DIVORCED 2-10-1897 popers. Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? deoth during most of working life, even if retired) U.S.A. and rbon Food Maryland Restaurant proprietor ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician CO Margaret Biddle Charles A.Stewart mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending North East. Maryland Mrs Freda P.Stewart no edse INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: Mesenteric Thrombosis 2 513 IMMEDIATE CAUSE (a) DUE TO Embolus from thrombus in left ventrule þ any Canditians, if any, which Ē gave rise to immediate per DUE TO Aterioscherotic Heart Disease and Myocardial Interction cause (a), stating the underburial-transit p pup lying cause last. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Year 204. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (State) Day, (County) factory, street, affice bldg., etc.) 50 Haur a. m. While Nat while at work at wark p. m. 21. I certify that I ottended the deceased from 196 that I lost saw the deceased detached and that death accurred at 10:30 P.M., from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL Pri PIO PHYSICIAN'S NAME (Type) registrar 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) Cecil Co., North East, Methodist 0 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

MAY 4

arthur S. Thous

Dallag

VS A1S (4)

1SM 9/SB

fing edition by animal particular and the particula The state of the s configuration to the total transfer the transfer to the transf their toriginal Analysis and the many managers are the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dageased lived, If institution; Residence bafora admission) a. COUNTY b. COUNTY Delaware Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Perry Point mo. 18 days Wilmington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital 900 Marsh Road 3. NAME OF Middle 4. DATE Month Yaar DECEASED OF HARRY (Type or print) DEATH STIDHAM April 19 62 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. Male White WIDOWED DIVORCED 10-29-79 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tifa, even if retirad) Salesman USA Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Stidham (deceased) Annie Collins deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgiva war or dates of servica) Hospital Records, VAH, Perry Point, Md. 221-07-4377 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventricular arrhthymia IMMEDIATE CAUSE (a) 1 to 3 min Agortic valve calcification, severe. Unknown Conditions, if any, which gava rise to immadiate cause A hospital on a secretificate has a secretificate has a second of the purity of the pu DUE TO (a), stating the underlying Arteriosclerotic Heart Disease. causa last. Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes Mellitus YES X NO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Whila Not Whila Hour a.m. at work at work p.m. 21. I certify that xix in the property attended the deceased from February 12 19 62 to April from the causes and on the date stated above. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR 4-30-62 PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clinical Pathologist, VAH, Perry Point, Md. L. MOONEY Asst. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) MEMONAL + Specify 4-30-62 Wilmington, Delaware Riverview 24 FUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Claymont, Delaware DATE MAY 4 arthur & King

P

certificate be executed

- 2

and comple carbon Rapin

гетоме

affen

0

þ

attending physi

After

VR A15 (4) 1SM 7/61

even

notyntact?) egna all os THE RESERVE THE PARTY OF THE PA (bear south) contained with the (bear south) with the and (bear wingstates to fanceing - 15 - 35 - 1 Dr. 12 1 20 21 Value of 12 02 1 12 02 1 10 10 THE PARTY OF THE P the second of th ornwalling , motorballing The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Ceci] Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast town) Elkton filled in Pages . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO-F Hospital 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 1962 PENN 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and last birthdey) Months | Days WIDOWED TY DIVORCED attending physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) USA Telephone Maryland Telephone Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue Martha Mullin Kirk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the Chesapeake City (Yes, no, or unkown) | (If yes give we ror detes of service) 2-05-0694 Mrs. Felicita S. Tatman 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]

PART J. DEATH WAS CAUSED BY:

Acute cardiovascular accident - probably

CETEDER! Thrombosis INTERVAL BETWEEN IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO unknown Conditions, if env. which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Se 0 PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL (Stete) DIRECTOR: After 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. factory, street, office bldg., etc.) While _Not While Hour e.m. et work at work 21. | certify that (I) (this hospital) attended the saw the deceased 22b. DATE 22e. SIGNATURE ATTENDING T STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS Main St., Elkton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0:53 REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus

Elkton.

15M 7/61

death

Sapto

501 141

The Martin Indicate, Are, Medicate 222 E. Rais Re., Contar, Language

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04465

CERTIFICATE OF DEATH

Reg. Dist. No. 722

							Reg. Dist. 1	
1. PLACE OF DEAT	н		MARYLAND	2. USUAL RESIDE		ceased lived, If institu b. COUNT		efore odmission)
	VN (If outside corporate limi ve nearest town)	ts, write	c. LENGTH OF STAY IN 16		OWN (If outside	corporote limits, write	~ ~ ~ ~ ~ ~	nearest town)
	OSPITAL (If not in hospitol, o	give street		d. STREET A				e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Fir Frai		Middle	Walker	0	ATE MO		Day Year
s. sex	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In year lost birthdoy)	Months Doy	AR IF UNDER 24 H
100. USUAL OCCUP	PATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. 8IRTHPL		ign country)	12. CITIZEN	OF WHAT COUNT
13. FATHER'S NAME					MAIDEN NAME			
1S. WAS DECEASED (Yes, no, or unknown)	DEVER IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.	Mrs. Fi	ank Wa	lker. Ch:	dress	d.
gove rise to couse (o), sto lying couse I	o immediate ting the undergast. (b))	CONTRIBUTING TO DEATH BL			isease condition g	IVEN IN PART 1(o	PERFORMED
YES NO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER!								
Hour o.	NJURY Month, Doy, Ye m. m. 19	ar 20d. It While of work	_ Not while_	PLACE OF INJURY (I foctory, street, office		. (City or town)	(Coun	ty) (Si
21. I certify 'alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	decease 0_, 19 E		, 19 <u>60</u> th accurred at: _M.D	115/2M, fr	Arci, 3094, com the causes a ciss (Street, city or low)	nd an the do	
200. BURIAL, CREM. REMOVAL (Spe	ATION, 22b. DATE THERECO	OF T	22c. NAME OF CEMETERY Elkton Ce		22d. I	Elkton,		(Stote)
23. FUNERAL DIREC	TOR'S SIGNATURE	bo	Elkton, M	d.	24a. REC'D BY R		SISTRAR'S SIGNA	

by the funeral director, ad 2 should be filed with IYSICIAN: The law requires that the death certificate be executed within 24 hours after **I. DIRECTOR**: After this certificate has been signed by the ottending physician and completely fille ould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. page 3 should be detached for use as the burial-transit permit. TO HOSPITAL OF FUNE TO FUNE L D

VS A1S (4) 1SM 9/S8

The entity product annual and delicar intition all

ATISTICAL RESEARCH AND RECORDS, 301 RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Cecil MARYLAND Marvland Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) filled in by Pages 1 and write RURAL and give neerest town) Elkton Elkton. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS ON A FARM? YES NO A Union Hospital Route 5 3. NAME OF 4. DATE Middle Month DECEASED OF April 1962 (Type or print) DEATH Elmer 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (fn yeers | IF UNDER 1 YEAR last birthday) Months Deys Hours 15. WIDOWED DIVORCED 1892 Male 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retirad! Reading, Pennsylvania Retired paper maker U. S. A. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wellington Wertz Elizabeth Repard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Route 5 (Yes, no, or unkown) | (Il yes give wer or detes of service) Mrs. Hazel A. Wertz. Elkton. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN rhythm disorder with Cordice Standstill IMMEDIATE CAUSE (e) DUE TO (b) Arterioscleratic Heart Disease, decompensated DUETO with atrial Fibrillation Conditions, if eny, which geve rise to immediate cause (e), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? None YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) While Not While Hour e.m. et work at work 1964 to 4-5 - 1962, that (I) (we) last -29 1967 and that death occurred at 1.27M, from the causes and on the date stated above. 220. SIGNATURE DATE ATTENDING SIGNED MED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 14 0 REMOVAL (Specify) る時 9.1962 Cherry Hill Cemetery Cecil County, Maryland Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) arthur S. Hisus Elkton. Maryland 15M 7/61 DATE

executed

requires that the

0

Libed brankyrnii - comme ME HOD, TiP syneW = 0 Temin 20 1 2021 . 35 Tak a 2 4 5 Male White SteW paper maker - Reading, Fenneylvenia U. S. M. bunges diedeals with I was the Bland in Bland in Berns, Eleton, Md. Bunley M. . , dand floor westers fill comers Sect. G. floor faire control of the land of the lan

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

